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AUTHOR	Hainsworth, Peter; Gilles, Cynthia
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ABSTRACT

Described in the guidebook are ways to initiate or improve early recognition and intervention (ERI) programs in public schools. Suggested for starting a program to find at risk or handicapped children before they and their teachers experience failure are three phases, which involve finding an idea, enlisting support, and beginning with a pilot screening procedure. The components of an ERI program are presented graphically, and are then treated singly. What screening should accomplish is discussed; and listed are options relating to who should plan the program, when the program should occur, where the program should take place, what the program should involve (such as nutrition-health or vision-hearing screening), and why some screening programs might be more appropriate than others. Recommended for followup is a screening team's feedback of results to regular teachers for program planning or observation of children, to specialists for intermediate evaluation and decision, and to outside support systems, such as physicians or agencies. Support system mechanisms (such as inservice teacher workshops, specialist consultation, or resource rooms) are described, and considered are reasons for and approaches to program evaluation. (MC)

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EARLY RECOGNITION AND INTERVENTION

PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

A GUIDEBOOK TO PROGRAM DEVELOPMENT IN PUBLIC SCHOOLS

Prepared by:

Peter Hainsworth
Cynthia Gilles

Spring, 1973

In Consultation with:

Steering Committee
Early Recognition & Inte
New England Special Educ
Instructional Materials
704 Commonwealth Avenue
Boston, Massachusetts 02

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In Consultation with:

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Early Recognition & Intervention Group
New England Special Education
Instructional Materials Center
704 Commonwealth Avenue
Boston, Massachusetts 02215

STEERING COMMITTEE-NESEIMC EARLY RECOGNITION AND INTERVENTION GROUP

Cynthia Gilles
Coordinator of Early Childhood Activities
NESEIMC-Boston University

Dr. Peter Hainsworth
Lexington Film Project
Warwick, R.I., Project

Mrs. Barbara King
Mass. State Department of Education
Kindergarten Supervisor

Mrs. Elaine Loomis
Wellesley Public Schools

Mr. Mike Moriarty
Division of Special Education
Mass. State Dept. of Education

Dr. Constance Murray
Lexington Public Schools

Mrs. Shirley Partoll
Brookline Public Schools

Ms. Judi Sandler
Education Collaborative
for Greater Boston (EDCO)

Worcester Region Coordinator
Dr. Mary Brassard
Framingham State College

Northeast Region Coordinators
Mrs. Ruth Hendy
Gloucester Public Schools

Mrs. Pam Kvilekval
Andover Public Schools

Pittsfield Region Coordinator
Mr. Jack Hughes
Adams-Cheshire Regional School District

Southeast Region Coordinators
Mrs. Elinor Martin
Barnstable Public Schools

Mr. John F. Murphy
Hingham Public Schools

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THE NESEIMC EARLY RECOGNITION AND INTERVENTION (ERI) GROUP. . . . . .

. . . was organized in the Spring of 1971 through auspices of NESEIMC
. . . has conducted local meetings in various public schools over the past two years
. . . has encouraged the development of regional ERI groups*

THE OBJECTIVES OF THE GROUP ARE TO:

1. Provide opportunities for personnel from public schools, state and private agencies and various disciplines to exchange ideas and learn about a variety of existing program models in public school systems.
2. Disseminate descriptions of programs in various school systems.
3. Facilitate communication, stimulate the development of cooperative relationships between school systems, and share the expertise available in many systems.
4. Bridge the gaps between preschool and public school programs and between "regular" and special education.
5. Stimulate recognition and support for innovators within school systems.

GENERAL PHILOSOPHY is that . . . .a comprehensive program must contain certain basic components but there are a variety of ways to design each component which vary with the needs, resources and experience of each school system

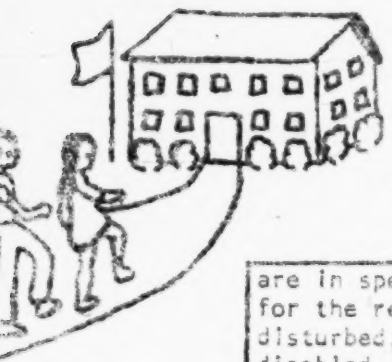
and . . . .the program should be developmentally oriented:
For the children - focus on developmental needs rather than deficits
For the adults - provide opportunities for continuing growth and learning
For the program - encourage a healthy process of continuing evolution

THIS GUIDEBOOK HAS BEEN DEVELOPED by the Steering Committee to assist professionals and laymen to initiate or improve programs which attempt to identify and provide extra assistance for young children with special needs in the public schools. Such programs will be mandatory under Chapter 766.

*The division of Special Education has provided support for the group through its regional office personnel

First

What is EARLY RECOGNITION AND INTERVENTION ?



Children come to school with wide variations in their experience and skills.

During the elementary school years, there is this general result.....

TOO MANY CHILDREN

- are in special classes for the retarded, disturbed, learning disabled
- need remedial services
- have failed a grade

TOO FEW CHILDREN

- are in educational programs adapted to individual developmental needs

EARLY RECOGNITION & INTERVENTION PROGRAMS aim to

- find children who are at-risk in a school system <u>before</u> they and their teachers experience failure
- adapt programs for children and provide support and training for teachers

<u>so that</u> ----fewer children will be labelled exceptional and withdrawn from their classrooms

----severe emotional reactions and learning problems will be minimized

----teachers and parents (fill in your own hopes). . . . . .

----school administrators. . . . . .

----specialists. . . . . .

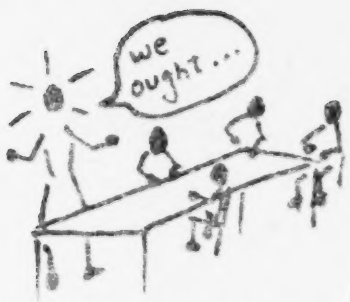
How does

A School System start

Second An EARLY RECOGNITION AND INTERVENTION PR

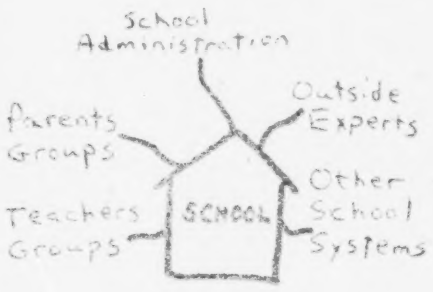
The experience of 200 school systems which have begun programs in the last five years indicates at least three initial phases. . . . .

The Idea



One or several middle management personnel (L.D. Specialist, principal, psychologist, elementary supervisor, etc.) catch or invent the idea out of their desire to provide better services for children.

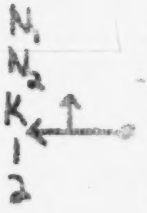
Gathering Support



A lot of talk, politics, and meetings are necessary over a period of time to enlist enough interest, personnel and financial resources to prepare for a first step. Every town or district is different. All require energetic/informed leadership. Most are complicated, and a readiness period is necessary. Legislation in Massachusetts will provide impetus and support in the future.

Getting Star

--Everyone starts wit screening procedure. some short screening locally constructed administered to (many add a parent naire and an intervi



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In order to provide traditional services for children earlie earlier. . . . . .

IT WORKS!

however.

toes

School System start

RLY RECOGNITION AND INTERVENTION PROGRAM?

200 school systems which have begun programs in the last five years

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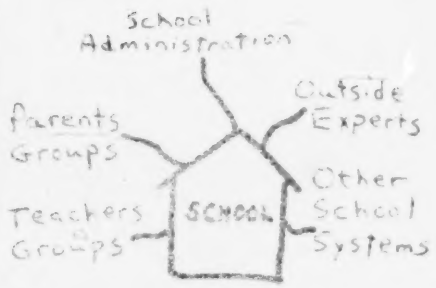
Gathering Support



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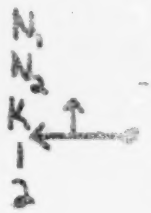
Getting Started

--Everyone starts with a pilot screening procedure...usually some short screening test or locally constructed battery administered to children (many add a parent questionnaire and an interview).



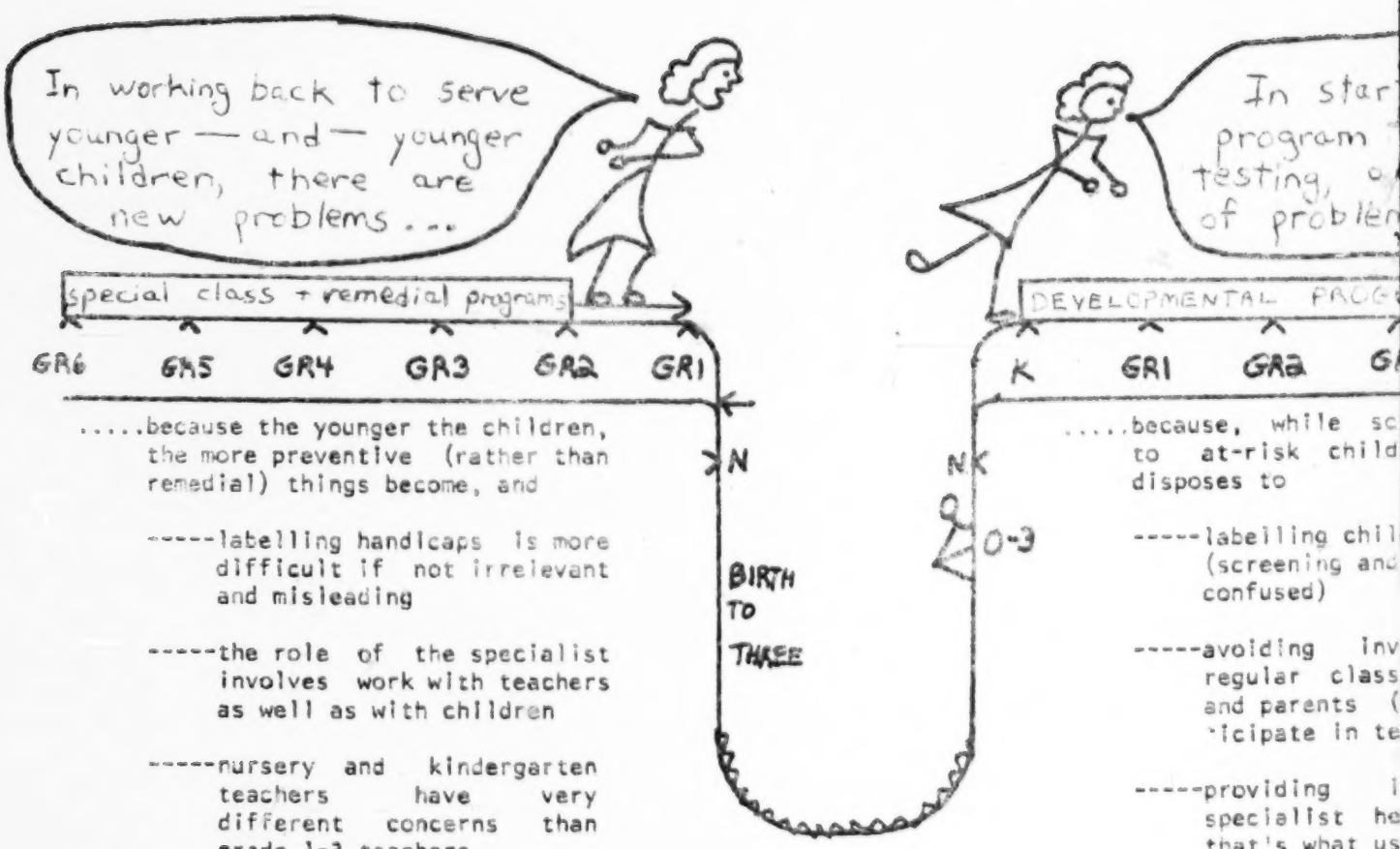
--Although the pattern is changing, most school systems started by screening during the kindergarten or first grade years....

In order to provide traditional special services for children earlier-----and earlier. . . . . .

↓

IT WORKS!

however. . . . .



.....because the younger the children, the more preventive (rather than remedial) things become, and

-----labelling handicaps is more difficult if not irrelevant and misleading

-----the role of the specialist involves work with teachers as well as with children

-----nursery and kindergarten teachers have very different concerns than grade 1-3 teachers.

.....because, while sc
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-----labelling chil
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confused)

-----avoiding inv
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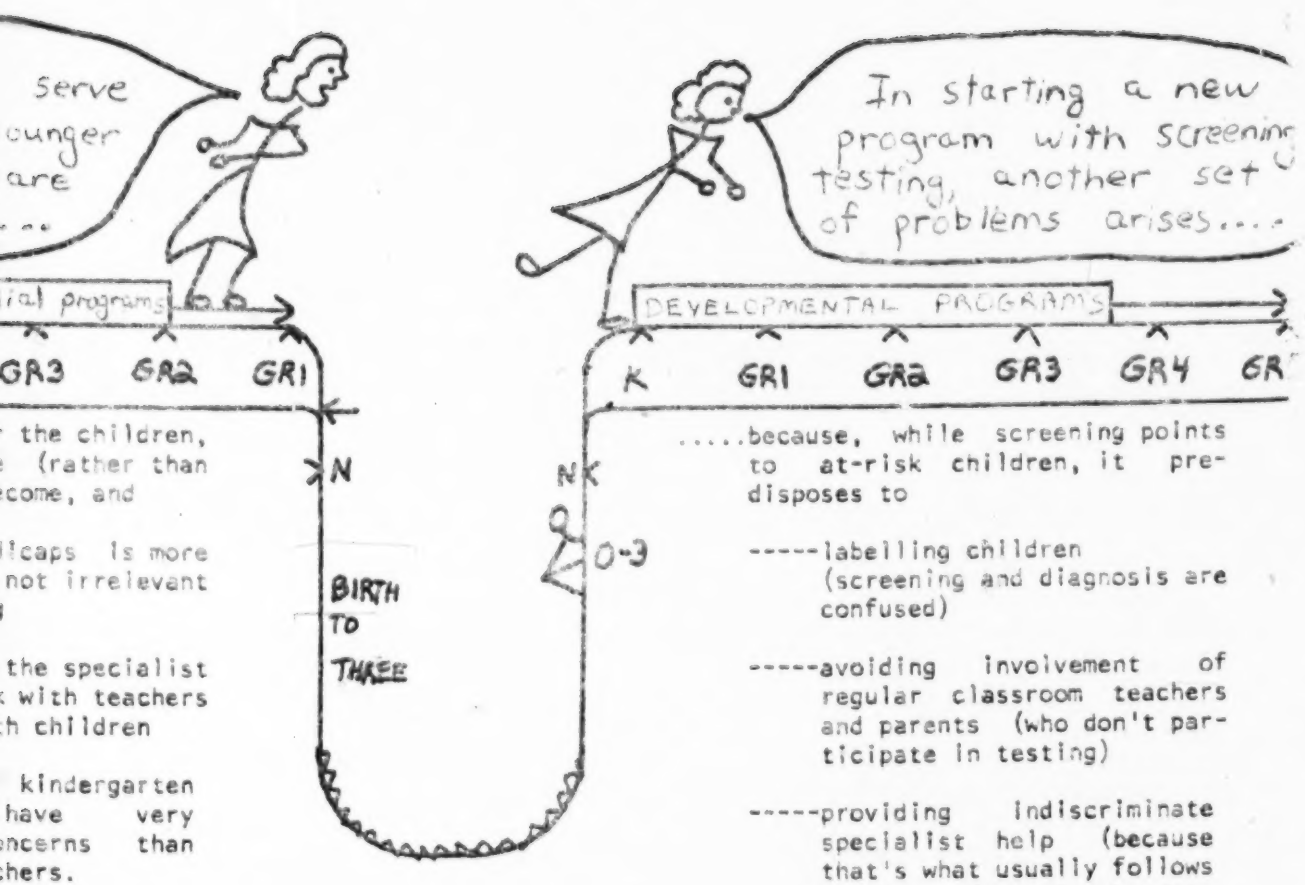
relate to the

SO. . . . .

LET'S BACK UP AND TAKE A CLOSE LOOK AT

-----what resources (components) are possible in an ERI program

-----what's involved in using them successfully in your program



the children,
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.....because, while screening points to at-risk children, it predisposes to

-----labelling children (screening and diagnosis are confused)

-----avoiding involvement of regular classroom teachers and parents (who don't participate in testing)

-----providing indiscriminate specialist help (because that's what usually follows testing (that is hard to relate to the classroom).

AND TAKE A CLOSE LOOK AT

resources (components) are possible in an ERI program

's involved in using them successfully in your program

Third

So what are
The Components of an ERI PROGRA

a/ RECOGNITION

b/ FOLLOW-UP + INTERVENTION

Screening or collection of historical data

Parent feedback of screening program involvement in observation and planning

Feedback to education personnel; solvent involvement in observation and planning

Referral for special diagnostic study

Parent involvement in home/school general program components

Modification within or in addition to regular class program

Special medical guidance or educational support services

Parent wo
program c

Volunteer

Teacher
training

Administr
involveme
program p

Community
liaison

SUPPORT

PROGRAM EVALUATION AND EVOLUTION d/

So what are

The Components of an ERI PROGRAM ?

FOLLOW-UP + INTERVENTION

Parent feedback of screening program involvement in observation and planning	Parent involvement in home/school general program components	Parent workshops and program development
		Volunteer programs
Feedback to education personnel; solvent involvement in observation and planning	Modification within or in addition to regular class program	Teacher in-service training programs
		Administration involvement in program planning
Referral for special diagnostic study	Special medical guidance or educational support services	Community agency liaison

SUPPORT SYSTEMS

ALUATION AND EVOLUTION

Recognition of child need

involves some type of observation process

which

surveys all children and indicates those who need follow-up; is not an extensive testing program or a diagnosis of the children

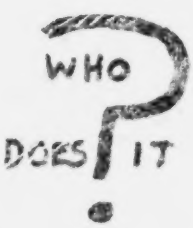
and

should lead quickly to specific and relevant follow-up action on behalf of the child; not a depositing of unusable data in hopes it may be useful.

Screening should

- be accomplished as efficiently and simply as possible. . . .which usually means going from gross measures on all children to finer (and finer) measures on some children as it becomes relevant;
- be related to specific developmental competencies which children will need to function effectively;
- involve the persons who will be responsible for follow-up action with the child (i.e., principal, classroom teacher, specialists, parents) -- as much as possible.

In planning a RECOGNITION program, THESE ARE THE OPTIONS



- classroom teacher
- psychologist
- guidance specialist
- principal

- nurse or physician
- physical educator
- speech & language clinician
- specialists from community agencies

- L.D. specialist
- all or combination of the above
- trained volunteer/parent

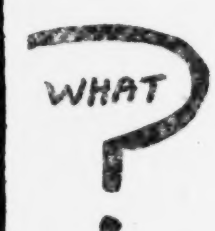
Most school systems start cautiously with more highly-trained personnel than they later find they need, as

--the emphasis shifts to follow-up observation and intervention
--the pressure to label (diagnose) is overcome
--specialist and teacher/parent can communicate better; more teachers and parents learn skills in early recognition

- special community surveys (age 0-4)
- 6-12 months prior to school entrance (linked with pre-school intervention)
- just prior to school entrance
- during first weeks of school

Screening should be done as early as possible.

- within public school (test corner, series of test stations, classroom observation)
- within existing pre-school programs (nursery, day care, Head Start)
- space in community (churches, community center, health clinic, pre-school program)
- home visit



- health-nutrition, vision-hearing screening
- parent developmental questionnaire, with or without interview
- individual screening or readiness test
- group screening or readiness test
- classroom observation by teacher or specialist
- specialist observation or brief evaluation
- continued monitoring of child's progress academically/socially

The trend is to use combinations of the above to avoid single measure error, while at the same time placing more weight on evolving assessment through analysis of child's response to initial follow-up efforts. Parents must be involved.

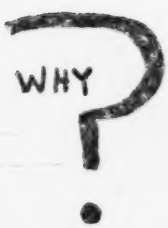
A basic screening program should briefly survey the following areas:

-- auditory and visual acuity
-- physical health and nutrition
-- general cognitive development including an overview of speech and language, visual-motor and gross motor skills
-- general social development including an overview of social compet and behavioral control.

This screening program need not involve:

-- extreme individual testing
-- highly trained specialists exclusively
-- hours of testing

a. Although it seems self-evident, there is a large difference between screening for alternative purposes:



- to find the severely handicapped and classify children in terms of deficits
- to find at-risk children who may or may not become academic or behavioral probl
- to obtain a range of developmental data on incoming children in order to plan education programs -- not to predict.

b. How about these ancillary purposes?

- to train and involve a wide range of specialists and teachers in considering th of young children entering school
- to provide a mechanism whereby specialist and teacher can work together in the
- to gather local norms on screening tests
- to demonstrate a need to develop early intervention programs
- to involve parents
- to involve teachers in an ongoing screening process.

Every screening program either facilitates or prevents these purposes by the way it i

eening program should briefly survey the following areas:

-- auditory and visual acuity
-- physical health and nutrition
-- general cognitive development including an overview of speech and language, visual-motor and gross motor skills
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out these ancillary purposes?

train and involve a wide range of specialists and teachers in considering the skills young children entering school

provide a mechanism whereby specialist and teacher can work together in the classroom

gather local norms on screening tests

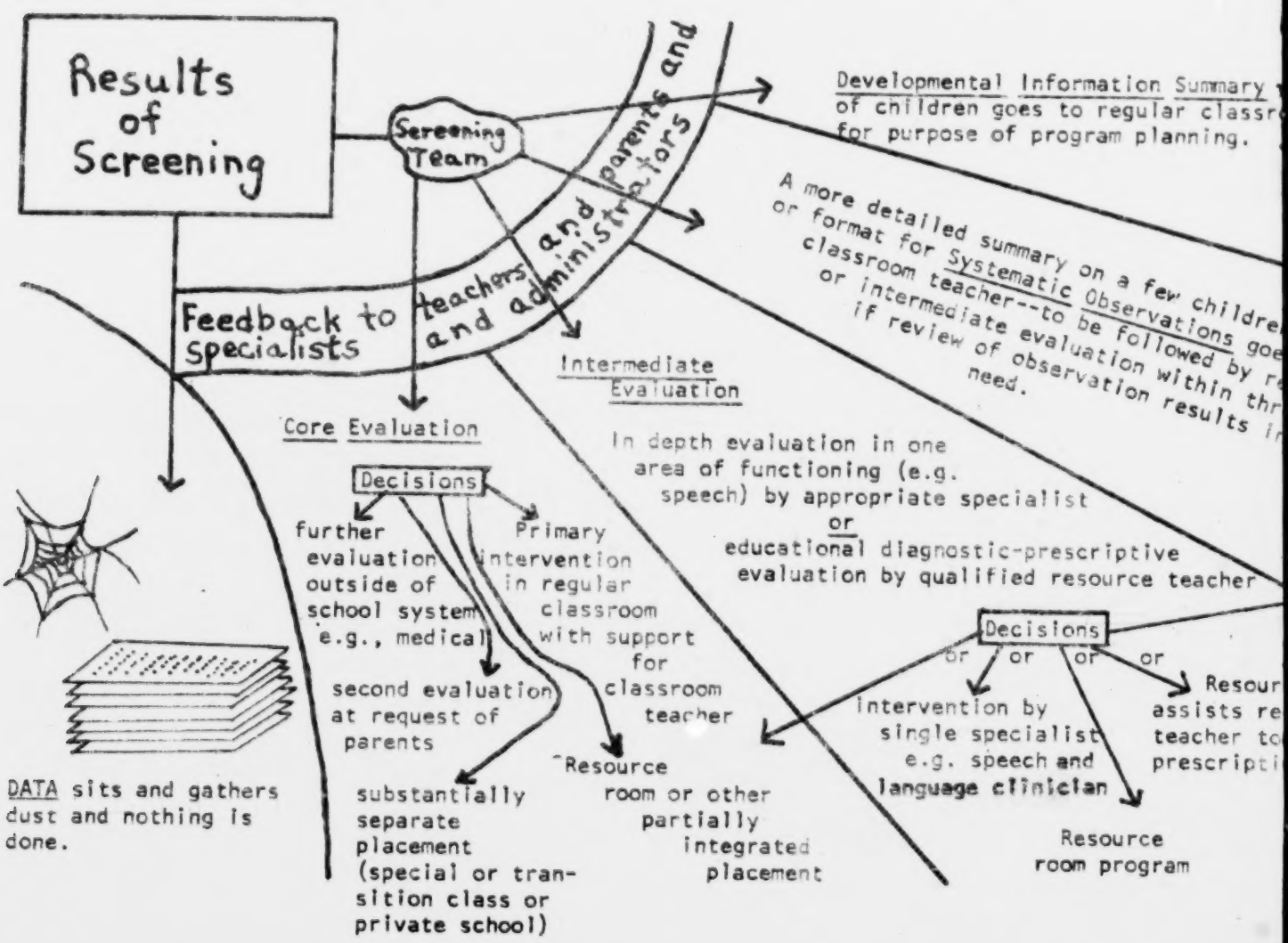
demonstrate a need to develop early intervention programs

involve parents

involve teachers in an ongoing screening process.

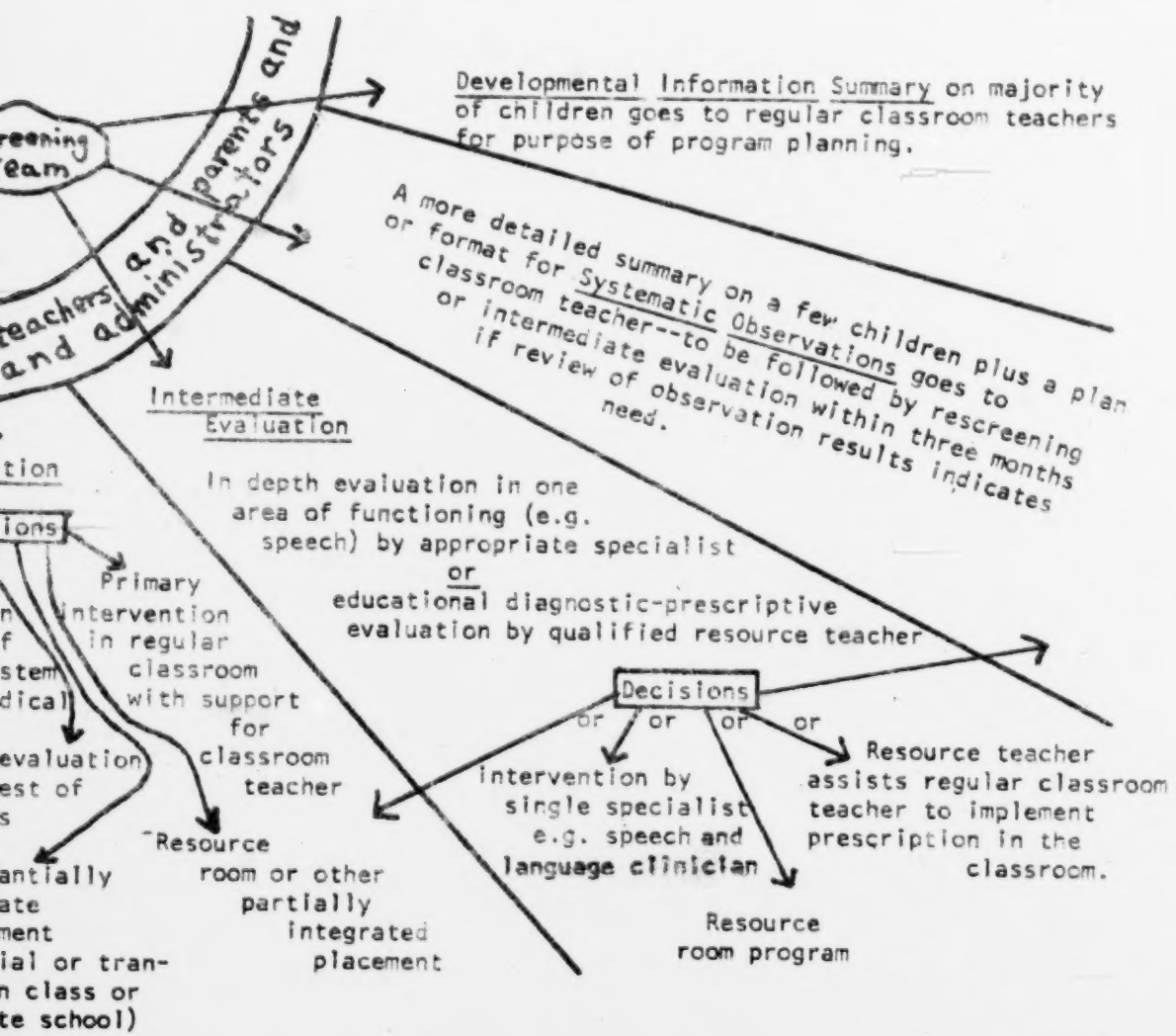
ening program either facilitates or prevents these purposes by the way it is set up.

(b) So, now you have screening data. How do you use it to FOLLOW-UP children's needs?


Results of Screening
Screening Team
Feedback to specialists
teachers and administrators and parents and
Developmental Information Summary
of children goes to regular classr
for purpose of program planning.
A more detailed summary on a few childre
or format for Systematic Observations goe
classroom teacher--to be followed by re
or intermediate evaluation within thr
if review of observation results in
need.
Intermediate Evaluation
In depth evaluation in one area of functioning (e.g. speech) by appropriate specialist
or
educational diagnostic-prescriptive evaluation by qualified resource teacher
Core Evaluation
Decisions
further evaluation outside of school system e.g., medical
Primary intervention in regular classroom with support for classroom teacher
second evaluation at request of parents
substantially separate placement (special or transition class or private school)
Resource room or other partially integrated placement
Decisions
or
or
or
or
intervention by single specialist e.g. speech and language clinician
Resour
assists re
teacher to
prescripti
Resource room program
DATA sits and gathers dust and nothing is done.

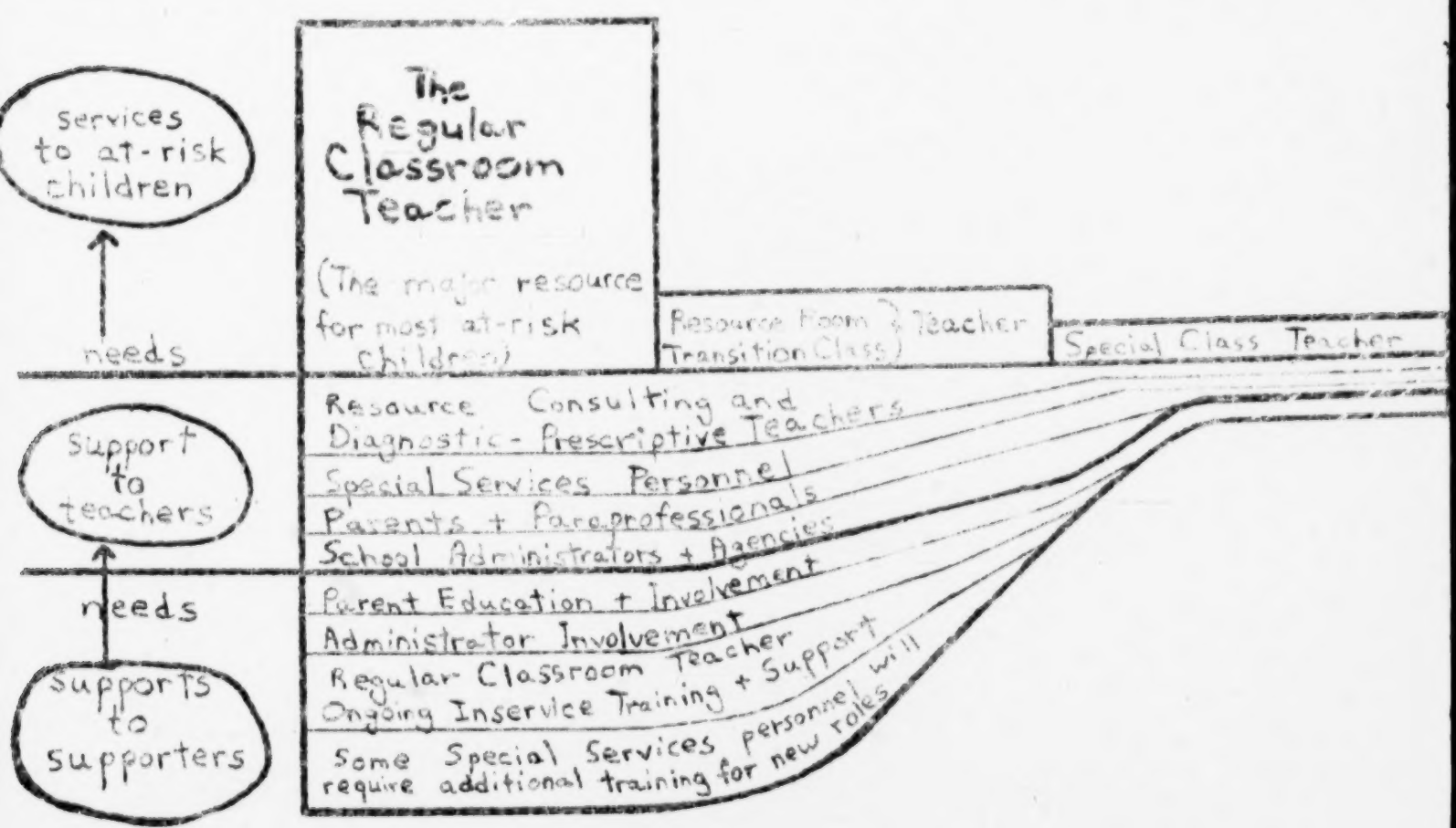
screening data. How do you use it to

hildren's needs?


Developmental Information Summary on majority of children goes to regular classroom teachers for purpose of program planning.
A more detailed summary on a few children plus a plan or format for Systematic Observations goes to classroom teacher--to be followed by rescreening or intermediate evaluation within three months if review of observation results indicates need.
Intermediate Evaluation
In depth evaluation in one area of functioning (e.g. speech) by appropriate specialist
or
educational diagnostic-prescriptive evaluation by qualified resource teacher
Decisions
or
or
or
or
Primary intervention in regular classroom with support for classroom teacher
intervention by single specialist e.g. speech and language clinician
Resource teacher assists regular classroom teacher to implement prescription in the classroom.
Resource room or other partially integrated placement
Resource room program

What kind of

INTERVENTION options are there?


services to at-risk children
needs
The Regular Classroom Teacher
(The major resource for most at-risk children)
Resource Room & Teacher Transition Class)
Special Class Teacher
Support to teachers
needs
supports to supporters
Resource Consulting and Diagnostic-Prescriptive Teachers
Special Services Personnel
Parents + Paraprofessionals
School Administrators + Agencies
Parent Education + Involvement
Administrator Involvement
Regular Classroom Teacher
Ongoing Inservice Training + Support
Some Special Services personnel will require additional training for new roles

(d)

What

SUPPORT SYSTEMS make the intervention for children work?

1. Special Class Teacher
   and
* 2. Resource Room Teacher--have specified roles which need support of those persons and programs above BUT

3. The Regular Classroom Teacher will need considerably more of this support initially to play the new role which will be required by law.

SOME SUPPORT MECHANISMS THE ERI NETWORK SCHOOL SYSTEMS ARE EXPLORING ARE. . . . . .

1. IN-SERVICE WORKSHOPS FOR REGULAR CLASSROOM TEACHER

   These vary from a few outside lectruers to an intensive two-hour per week training course over one to two years which involves the teacher (and principal) in a step-by-step classroom modification plan.

2. SPECIALIST CONSULTATION IN REGULAR CLASSROOM

   Specialists from various disciplines are experimenting with spending part of their time working with children within the regular classroom and supporting regular classroom teachers by suggesting and/or demonstrating use of teaching materials and management techniques.

3. RESOURCE ROOMS

   These settings provide children with specialized instruction on a regularly scheduled part-time basis. Support for regular classroom teachers should also be provided.

4. RESOURCE TEACHERS

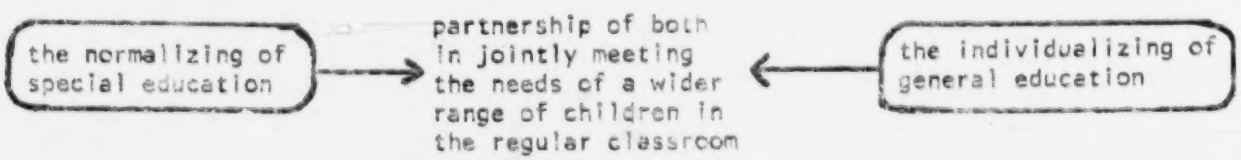
These specialists carry out informal and/or formal diagnostic-prescriptive evaluations of children and their learning environments. A major focus of the resource teacher's efforts is the provision of ongoing consultation, support, and in-service training for regular classroom teachers.

5. EXTRA HELP FOR THE CLASSROOM TEACHER

With training and supervision, parents and volunteers can:

--assist substantially with the initial screening process
--take small groups of children within class for special stimulation or training at teacher's discretion
--serve as individual tutors
--make materials, carry out classroom observations
--explain the program outside the school

6. INTENSIFIED COLLABORATION WITH GENERAL EDUCATORS


the normalizing of special education
partnership of both in jointly meeting the needs of a wider range of children in the regular classroom
the individualizing of general education

7. MUCH GREATER & EARLIER INVOLVEMENT OF PARENTS, such as

--group and/or individual education for parents of preschoolers on how to assist developmentally
--autonomous and semi-autonomous parent-to parent groups using behavior mod or developmental approaches to child management at home
--parents as helpers to classroom teacher (see above) and as community lobbying force.

PROGRAM EVALUATION

- In a developing program, the process of development itself should be "evaluated", i.e.,

  --numbers of children screened and teachers and parents involved

  --log of modifications and progress in individual childrens' programs, or in-service training programs, etc.

  --log of increases in support of administrators, parents and teachers

  --log of changes in objectives and method from one year to the next

  in order to obtain information for decisions relative to improvement of program quality and continuing refinement of educational programs for individual children.

- When you have a specifiable program which can be replicated, it is then legitimate to test its effectiveness by pre-post or control group evaluation

  --pre-post with your screening test (or some relevant measure)

  --pre-post measures of teacher or parent skill or attitude

  --comparing experimental vs. control groups with follow-up achelvement/adjustment measures

  In order to obtain summative data on program effectiveness.

- Remember: Evaluation should serve primarily to help you to develop the kind of program that best meets the needs of your local system and those of individual children.